

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or Fax **(571)-273-2885**

JUL 25 2007

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence, including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected by a notice directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

30623 7590 06/18/2007

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
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ONE FINANCIAL CENTER  
 BOSTON, MA 02111

07/27/2007 SFELEKE2 00000065 10715776

01 FC:2501

700.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

APPLICATION NO.

FILING DATE

30.00 OP

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/715,776

11/18/2003

Lee E. Goldstein

27374-006 CIP

4569

TITLE OF INVENTION: OCULAR DIAGNOSIS OF ALZHEIMER'S DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	09/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAMALA, JAGADISHWAR RAO	1618	424-009100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Mintz, Levin, Cohn, Ferris,  
 Glovsky and Popeo, P.C.**

**Ingrid A. Beattie**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The General Hospital Corporation**

**The Brigham and Women's Hospital, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Boston, MA**

**Boston, MA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0311** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

(Reference 27374-006 CIP)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

**Ingrid A. Beattie**

Date **July 25, 2007**

Typed or printed name

**Ingrid A. Beattie**

Registration No.

**42,306**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Goldstein et al.  
Serial Number: 10/715,776 Examiner: J. R. Samala  
Filing Date: November 18, 2003 Art Unit: 1618  
For: Ocular Diagnosis of Alzheimer's Disease

**Mail Stop ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

July 25, 2007  
Boston, Massachusetts

**TRANSMITTAL LETTER**

Enclosed herewith for filing in the above-identified application please find the following documents:

1. Issue Fee Transmittal [1 pg.];
2. Check No. 24454 in the amount of \$1,030.00 (\$700.00 Issue Fee, \$300.00 Publication Fee, and \$30.00 advance copies of printed patent);
3. Return Postcard.

Although Applicants believe no additional fees are due with this submission, the Commissioner is hereby authorized to charge any deficiencies, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 27374-006 CIP. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

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